



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Robert J. EIN

⊈itle:

THERAPEUTIC APPARATUS

مَّ Appl. No.:

New application

Filing Date:

January 26, 2001

Examiner:

Not yet assigned

Art Unit:

Not yet assigned



UTILITY PATENT APPLICATION TRANSMITTAL

Commissioner for Patents Washington, D.C. 20231

Box PATENT APPLICATION

Sir:

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Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

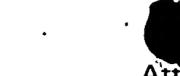
Robert J. Ein

[X] Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

- [X] Specification, Claim(s), and Abstract (49 pages).
- [X] Informal drawings (31 sheets, Figures 1-27B).
- [X] Unexecuted Declaration and Power of Attorney (3 pages).
- [] Assignment of the invention to OMNITEK INCORPORATED.
- [] Assignment Recordation Cover Sheet.
- [] Small Entity statement.
- [] Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).





- [] Information Disclosure Statement.
- [] Form PTO-1449 with copies of ___ listed reference(s).
- [] Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

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	Claims	I	ncluded i	n	Extra	-			Fee
	as Filed		Basic Fee	;	Claims		Rate		Totals
Basic Fee							\$710.00		\$ 710.00
Total Claims:	58		20	_ = _	38	×	\$18.00	=	\$ 684.00
Independents:	3		3	_ =	0	×	\$80.00	=	\$0.00
If any Multiple Dependent Claim(s) present: + \$270.00								=	\$0.00
Surcharge under Declaration and				ling of	Executed	+	\$130.00	=	\$ 130.00
							SUBTOTAL:	=	\$ 1524.00
[X] Small Entity Fees Apply (subtract ½ of above): TOTAL FILING FEE:							of above):	=	\$ 762.00
							=	\$ 762.00	

- [] A check in the amount of \$0.00 to cover the filing fee is enclosed.
- [X] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: January 26, 2001

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